

Report Year:

2010

11417

Barlow Respiratory Hospital

Los Angeles

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

11417

Facility Name:

Barlow Respiratory Hospital

Address:

2000 Stadium Way

City:

Los Angeles

Hospital Owner/Licensee:

Barlow Respiratory Hospital

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Barlow Respiratory Hospital

Submission Date:

1/25/2011 3:00:00 PM

Report Year:

2010

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Barlow Respiratory Hospital

Los Angeles

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
2.1	Dining/Kitchen Building & Additions	2000 Stadium Way	Replace	SPC5	01/01/2013	01/01/2013

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 2.1

Building Name: Dining/Kitchen Building & Additions

Type of Service Provided
☒ Nursing Inpatient Beds 99 Inpatient Days 20643

☒ IntensiveCare Inpatient Beds 6 Inpatient Days 1361

☐ Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postpartum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 105

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☒ Clinical Lab

☐ Emergency

☒ Radiological/Imaging

☒ Nuclear Medicine

☒ Pharmaceutical

☐ Dietetic

☒ Rehabilitation Therapy

☒ Administration

☒ Renal Dialysis

☒ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☐ Central Plant

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Barlow Respiratory Hospital

Los Angeles

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

2.1

Building Name:

Dining/Kitchen Building & Additions

Medical / Surgical (Include GYN)Inpatient
Bed

99

Inpatient
Days

2064

3

Acute Respiratory CareInpatient
Bed

6

Inpatient
Days

1361

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

105

**Total Beds this
Building Per
Service**

105

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
1.1	Outpatient Clinic & Lab Addition	<input type="checkbox"/>
1.2	Outpatient Clinic & Lab Addition	<input type="checkbox"/>
2.1	Dining/Kitchen Building & Additions	<input type="checkbox"/>

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Los Angeles

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List ALL proposed new buildings to be constructd at this or another site.

Building
Number

Building Name

New
Site

N_1

Barlow Replacement Hospital

☐

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

2.1

Building Name:

Dining/Kitchen Building & Additions

Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☒

Clinical Lab

☒Radiological/
Imaging☒

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☒Nuclear
Medicine☒Rehabilitation
Therapy☒

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

1.1

Building Name:

Outpatient Clinic & Lab Addition

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Psychiatric
Nursing☐Radiological/
Imaging☐Newborn/
WellBaby☐Outpatient
Surgery☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☒Support
Services☐

Skilled Nursing

☒

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

1.2

Building Name:

Outpatient Clinic & Lab Addition

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☒

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

2.1

Building Name:

Dining/Kitchen Building & Additions

Configuration

:

Remove from GAC service by 1/1/2015

Type of Service Provided☒

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☒

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☒Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☒

Pharmaceutical

☒

Nuclear Medicine

☒Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☒

Administration

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 1.1

Building Name: Outpatient Clinic & Lab Addition

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☒ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☒ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☒ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

1.2

Building Name:

Outpatient Clinic & Lab Addition

Type of Service Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

1.1

Building Name:

Outpatient Clinic & Lab Addition

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

1.2

Building Name:

Outpatient Clinic & Lab Addition

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0